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**Oversight: Examining the NYC World Trade Center Medical Working Group
2009 Annual Report on 9/11 Health**

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**Committee on Civil Service and Labor,
Committee on Lower Manhattan Redevelopment and
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse
and Disability Services**

New York City Council

Introduction/Overview

Good afternoon. I want to thank Chairman Gerson, Chairman Nelson and Chairman Koppell, as well as the other distinguished members of the Council for convening this hearing examining the NYC World Trade Center (WTC) Medical Working Group 2009 Annual Report on 9/11 Health.

My name is Tamiru Mammo and I am Senior Advisor for Health Policy to New York City's Deputy Mayor for Health and Human Services, Linda Gibbs. I was also a staff member of a panel convened by Mayor Bloomberg at the fifth anniversary of the attacks to assess the health impacts of 9/11. The panel issued a February 2007 report with recommendations supported in full by the Mayor.

One of those recommendations was that the Mayor should establish a WTC Medical Working Group made up of a diverse membership of up to fifteen public health, mental health, environmental health, and medical professionals and researchers from within and outside City government to advise the Mayor, and others, about health issues that are related or potentially related to the September 11, 2001 terrorist attacks on the World Trade Center. The group is co-chaired by the Deputy Mayor for Health and Human Services and the Commissioner of the Department of Health and Mental Hygiene, and it includes thirteen experts, including a representative from each of New York City's three WTC Centers of Excellence; the FDNY and Mt. Sinai programs and the WTC Environmental Health Center.

The medical working group reviews existing and emerging scientific data on the potential health effects of WTC exposure to identify evidence of clinical risks and potential gaps in information; makes recommendations about research and health and mental health service needs; and advises city government on approaches to communicating health risk information. The first medical working group was established by Mayor Bloomberg in June 2007 and reports have been issued for 2008 and 2009.

Today I will review recent findings from the medical working group's 2009 report on 9/11 Health and also discuss its key policy recommendations.

Review of 2008 findings

Before I detail the findings of the 2009 report, I'd like to summarize the 2008 medical working group report. For this first report, nearly 100 studies published from 2001-2007 were reviewed. Most of these studies examined the health of rescue and recovery workers one to three years after their exposure to the WTC disaster, although some studies also included effects on residents and building evacuees. The key physical and mental health findings were remarkably consistent across studies:

Both the clinical studies and population-based surveillance indicated that symptoms of posttraumatic stress disorder were highly prevalent among rescue and recovery workers and Lower Manhattan residents, two directly affected populations. Studies of rescue and recovery workers also indicated that respiratory problems, asthma and gastroesophageal reflux disease (GERD) are common among this group, particularly those who arrived early at the WTC site. Similarly, Lower Manhattan residents and area workers, including those workers who may live elsewhere, reported elevated levels of respiratory problems and new onset asthma. At the time of the report's publication last year, treatment for WTC-related conditions was available for exposed groups, including children and adolescents, in the New York City area.

Mayor's 2009 WTC Medical Working Group Annual Report

After the release of its first annual report, the 2009 medical working group identified forty-eight published, peer-reviewed studies examining WTC health impacts or exposures that were relevant to the purpose of its report. Among those studies, the majority (36) examined mental health and 13 addressed physical health.

Some new findings from this research address mid-term health effects among adults, five to seven years after 9/11. It suggests that, while the vast majority of people exposed to the attacks on 9/11 and its immediate aftermath are healthy and symptom-free, thousands of exposed individuals continue to suffer from WTC-related mental or physical health conditions, and some of these conditions are likely to be chronic.

Of particular note are new epidemiological findings by the WTC Health Registry, which has been tracking the health of a large, voluntary sample of 71,000 individuals since 2003 through periodic surveys. In August, the *Journal of the American Medical Association* published Registry findings which indicate high levels of new asthma diagnoses since the attacks, especially during the first 16 months after 9/11, and sustained and late-emerging post-traumatic stress symptoms.

At the time of the second survey, five to six years after 9/11, one in ten adult enrollees reported having been diagnosed with new asthma. New onset symptoms of asthma five to six years after 9/11, however, were comparable to expected levels and were not linked to the degree or intensity of WTC exposure. In the same survey, nearly one in five enrollees reported experiencing symptoms of post-traumatic stress. Many of those developing symptoms years after 9/11 also had experienced other life stressors subsequent to the attack, such as losing a job or having inadequate social support.

Several newly published studies suggest that WTC-related mental and physical health conditions often can occur together, and in fact, 10-25% of the more than

14,000 people who sought care at the WTC Centers of Excellence during FY 2009 received treatment for both mental and physical health conditions. Fortunately, monitoring and treatment continues to be available in the New York City area for those whose health has been affected by 9/11 thanks to a combination of federal and City funding.

As in 2008, the 2009 report notes that whether there is relationship between WTC exposure and other longer-term illnesses, including cancer, is unknown but clinicians, epidemiologists and other researchers are actively studying this. Ongoing studies conducted by the WTC Centers of Excellence and the WTC Health Registry are looking at cancer rates in the WTC-exposed population against a “background” or expected rate among people of the same gender and age group. The medical working group will discuss this research in its next annual report.

Pediatric Research

In its 2008 annual report, the medical working group recommended that more research be conducted on the physical and mental health of children who lived or went to school in Lower Manhattan. The WTC Health Registry's cohort of 3,000 children and adolescents who were enrolled by their parents offers an excellent data source to follow the health effects on this population over time.

In 2007, the Registry released findings suggesting that 2-3 years after 9/11, children under the age of five caught in the dust cloud were twice as likely to have newly diagnosed asthma as children not caught in the dust cloud. Late last year, the Registry concluded its second survey of child and adolescent health, which examined the health effects that occurred six to seven years after 9/11 and assembled a team of researchers who will release their findings next year. Analysis of these findings is more complicated because three different versions of the survey were used so that parents could respond on behalf of young children or adolescents, or older adolescents could respond on their own.

The Registry also encourages external researchers to use this valuable data source. Currently, Columbia University is studying the children of first responders to learn how second-hand exposure to terrorism may affect their mental health.

Several studies cited in the 2009 medical working group report examined the impact of the terrorist attacks on the mental health of schoolchildren two to three years after the attacks. While small, two of these studies suggest that children who were exposed to additional trauma either before or after 9/11 were more vulnerable to PTSD. A larger Mount Sinai study of adolescents who attended the schools closest to the World Trade Center and who had high levels of exposure to the disaster—including those who personally knew anyone killed in the

attacks—suggested that their use of alcohol and other substances had increased 18 months after the attacks.

While continued research is needed, particularly in the areas of cancer, treatment efficacy and the impact of 9/11 on child and adolescent health, our state of knowledge about the short-term health effects of 9/11 has come into sharper focus since the formation of the WTC Medical Working Group. We now better understand the longer-term health care needs of exposed individuals, in particular those who may have developed chronic conditions that can seriously affect quality of life.

New York City's Outreach Efforts

Research indicates that many people with 9/11-related PTSD symptoms are not receiving treatment despite the availability of publicly funded services. Nearly 5,000 WTC Health Registry enrollees who reported PTSD symptoms in 2006-2007 also reported that they hadn't seen a mental health provider in the previous year. Approximately half of these persons were residents, office workers, or individuals other than rescue and recovery workers who were in the vicinity of the WTC site on the morning of 9/11.

In response to the apparent gap between the PTSD burden in New York City and mental health service utilization, DOHMH and the New York City Health and Hospitals Corporation partnered to do a targeted outreach to people in the New York City area and actively refer them to 9/11-related health services at the WTC Environmental Health Center at Bellevue Hospital Center, Elmhurst Hospital Center and Gouverneur Healthcare Services. Enrollees in the WTC Health Registry are receiving personalized mailings and phone calls informing them that they are eligible for both physical and mental health services with no out-of-pocket costs at the WTC Environmental Health Center (EHC). The Registry staff then offers enrollees assistance in scheduling appointments. In our outreach efforts, as a first step we have prioritized enrollees with probable PTSD and co-morbid physical symptoms who indicated that they had not seen a mental health provider in the year before they were surveyed.

In addition to various broadcast media approaches such as television and radio the WTC EHC also recently concluded its third wave of subway advertising to promote its services as widely as possible. The multilingual campaign, which uses the tag line "Lived There? Worked There? You Deserve Care" has been particularly effective in attracting Lower Manhattan residents, area workers and students who are eligible for services.

Recognizing that a subway advertising campaign was likely to reach rescue and recovery workers who are eligible for services at Mount Sinai, information about this program was incorporated into the City's 311 referral system. This has made

it possible for hundreds of callers to be directly transferred to appropriate service providers for the first time.

Additionally, last summer DOHMH published *Clinical Guidelines for Children and Adolescents Exposed to the World Trade Disaster* for distribution to pediatricians in the New York City area. The guidelines were developed to raise awareness among pediatricians about the potential health effects of WTC exposure among children, to provide evidence-based recommendations about the treatment of those exposed children, and to encourage referral to the specialized services available through the pediatric program at the WTC Environmental Health Center. DOHMH mailed the guidelines to 33,000 doctors, nurses, psychologists and other providers citywide.

As part of its continuing effort to increase awareness of WTC-related problems and services, DOHMH used its flagship publication, *Health Bulletin*, to educate the general public about WTC-related health issues and to urge individuals who may have been affected to seek specialized treatment for posttraumatic stress disorder and asthma. More than 65,000 subscribers received the WTC Health Bulletin electronically and copies are available in English, Spanish or Chinese at all public hospitals and can be ordered by calling 311.

City Advocacy Efforts for Long Term Federal Funding

Most 9/11 health programs are federally funded through annual appropriations adopted by Congress and approved by the President. This means the future of these programs is uncertain from one year to the next. The 9/11 Health and Compensation Act, introduced in the House (H.R. 847) and Senate (S. 1334) provides long term federal funding for:

- medical monitoring and treatment for those affected by 9/11;
- scientific research about 9/11-related health conditions;
- re-opening the September 11 Victim Compensation Fund for people who may have been injured or become sick as a result of the WTC disaster.

The 9/11 Health and Compensation Act is an important step forward, and New York City has stepped up its outreach efforts to encourage Congressional support of federal 9/11 health legislation. Although the 9/11 Health and Compensation Act (H.R. 847 and S.1334) has the support of the entire New York Congressional delegation, it must be approved by a House committee, with members from 31 states, before the full House can vote on it. The Senate version has been referred to the Health, Education, Labor and Pensions Committee.

With legislative action likely after Congress finishes work on health care reform, the City, with cooperation from the FDNY, is urging mayors from key cities and fire departments across the nation that participated in the WTC rescue and

recovery effort to ask their local representatives to support the bill. Almost every member of Congress represents a district that is home to first responders and volunteers who served after 9/11, or residents who have since relocated outside of New York City. We are providing a breakdown of Registry enrollees by geographical area to show members of Congress how passing the 9/11 Health and Compensation Act can benefit their constituents directly.

In addition to its partnerships with labor and community leaders to support permanent funding for 9/11 medical monitoring and treatment, the City's efforts include:

- a meeting between WTC Environmental Health Center staff and patients to the House Energy and Commerce Committee to stress its services for people who lived, worked or went to school in Lower Manhattan and are now sick;
- standing with the responders and the community at fall events in New York City and Washington, DC;
- making information about federal 9/11 health legislation easily accessible through the City's 9/11 health website at www.9-11health.org.

The 9/11 Health and Compensation Act directly addresses the current and future health problems created by 9/11 and also provides important relief for past injuries and illnesses. The City looks forward to working with the Council to advocate for all New Yorkers who are affected or who may be affected by the 9/11 attacks.